

APPLICATION FOR ANNUAL VETERINARY RETAIL FACILITY LICENSE

For license period July 1, 2025 - June 30, 2026

North Dakota State Board of Pharmacy
1838 E Interstate Ave Suite D
Bismarck, ND 58503

(701) 877-2404
Fax # (701) 877-2405
www.nodakpharmacy.com
E-Mail Mhardy@ndboard.pharmacy or ndboph2@ndboard.pharmacy

Current VRF # _____

By June 30th Annually \$175.00

*MUST BE TYPEWRITTEN OR
LEGIBLY PRINTED*

NAME _____
(Full Corporate or Trade Name for Facility to be licensed)

FACILITY ADDRESS (site specific) _____

SEND LICENSE TO ADDRESS (if different than above) _____

CONTACT PERSON(s): _____

CONTACT PERSON(s) EMAIL ADDRESS: _____

TELEPHONE NUMBER () _____ FAX # () _____

[Do not just write the name – put the ND Secretary of State Certificate #]

NORTH DAKOTA SECRETARY OF STATE SYSTEM IDENTIFICATION # Company: _____

NORTH DAKOTA SECRETARY OF STATE SYSTEM IDENTIFICATION # dba name: _____

ATTACH: LIST OF NAMES(s) and TITLES(s) OF EACH PERSON [Owner/partner/corporate officer/director etc.]

A COPY OF THE ND SECRETARY OF STATE CERTIFICATE OF AUTHORITY AND / OR PAGE 1 OF
YOUR ND CORPORATION ANNUAL REPORT
ND TRADE NAME CERTIFICATE IF DBA IS DIFFERENT THAN COMPANY NAME

IF CORPORATION: _____
Full Corporate Name AND State of Incorporation

I certify that the applicant has not been convicted under any federal, state, or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances; nor had any suspension or revocation by federal, state, or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs, including controlled substances;

Typed Name Of Person Authorized to Bind Applicant

Typed Title of person Authorized to bind Applicant

Signature of Person Authorized to Bind Applicant